

ORCHARD VIEW Veterinary Center

Hospital Admissions Form

Please complete both front and back

Owner _____ Phone number (home/cell/work): _____

Pet _____

Diet

Brand of Food _____ How much _____ How Often _____

Last Fed _____

Brand of Treats _____ How much _____ How Often _____

Last Fed _____

Medications (write in additional on the back of sheet)

Drug Name _____ Strength _____ How Many/Much _____ How Often _____

Drug Name _____ Strength _____ How Many/Much _____ How Often _____

Flea/Heartworm Preventative Name _____ How Often _____ Last Given _____

Supplement Name _____ Strength _____ How Many/Much _____ How Often _____

Environment (please check all that apply):

- | | | | |
|--|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Hiking | <input type="checkbox"/> Grooming | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Outdoor | <input type="checkbox"/> Camping | <input type="checkbox"/> Show | <input type="checkbox"/> Public Stores |
| <input type="checkbox"/> Enclosed Yard | <input type="checkbox"/> Hunting | <input type="checkbox"/> Boarding | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Open Yard | <input type="checkbox"/> Beach | <input type="checkbox"/> Dog Park\ | |

Health

- | | | |
|----------------|---------------------------------|--|
| Eating | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal (Go to #1 on back) |
| Drinking | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal (Go to #2 on back) |
| Urinating | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal (Go to #3 on back) |
| Defecating | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal (Go to #4 on back) |
| Activity | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal (Go to #5 on back) |
| Vomiting | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Go to #6 on back) |
| Limping/Sore | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Go to #7 on back) |
| Other Concerns | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Go to #8 on back) |

Additional Requests

- | | |
|--|---|
| <input type="checkbox"/> \$16.50 Toe Nail Trim | <input type="checkbox"/> \$27.75 Toe Nail Trim with Dremmel |
| <input type="checkbox"/> \$20.00 Anal Gland Expression | <input type="checkbox"/> \$26.25-58.86 Bath, TNT, AG (price varies by size) |
| <input type="checkbox"/> \$30.25 Ear Cleaning (Minor) | <input type="checkbox"/> \$22.75 Pluck Hair in Ear Canal |
| <input type="checkbox"/> \$10.50 Trim hair on pads of feet | <input type="checkbox"/> \$5.25/5 minutes Remove Mats |
| <input type="checkbox"/> \$73.80 Home Again Microchip | |

Pet Photo Use Authorization

- Yes, you may use my pet's photo and name on OVVC social media.
- Yes, you may use my pet's photo with no name on OVVC social media.
- No, you may not use my pet's name or photo on OVVC social media.

Please write additional information, concerns or requests on reverse side.

Please note: Animals must be flea free and up-to-date on vaccinations. An estimate will be reviewed with you. Payment is due at time of service. You may be required to make a deposit. If you have any financial concerns, please address them prior to admitting your pet(s).

Signature: _____ Date: _____

